07/22/2011 13:48

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines TEXAS SPINE AND JOINT HOSPITAL PAC 1814 ROSELAND BLVD ADDRESS (number and street) Check if different than previously **TYLER** ΤX 75701 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00437525 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2011 03 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. ANTHONY WAHL Type or Print Name of Treasurer Electronically Filed by ANTHONY WAHL 04 30 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

TEXAS SPINE AND JOINT HOSPITAL PAC

F	Report Covering the Period: From:	0 1	0: 03 31 Y Y Y Y Y Y Y 2 0 1 1
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1  2011		64945.94
	(b) Cash on Hand at Begining of Reporting Period	64945.94	
	(c) Total Receipts (from Line 19)	18840.00	18840.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83785.94	83785.94
7.	Total Disbursements (from Line 31)	23500.00	23500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60285.94	60285.94
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From:	M M 0 1 Y Y W Y 2 0 1 1	To: 0 3 0 3 1
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>11. Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	16163.00	16163.00
(ii) Unitemized	2677.00	2677.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18840.00	18840.00
(b) Political Party Committees	0.00	0.00
<ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18840.00	18840.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds	3	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00

FE6AN026

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

0.00

18840.00

18840.00

0.00

18840.00

18840.00

### DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures:	1010111110110100	Guionau Tour to Buto	
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(,	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	0.00	0.00	
Expenditures(c) Total Operating Expenditures	0.00	0.00	
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00	
2. Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
23. Contributions to Federal Candidates/Committees			
and Other Political Committees	23500.00	23500.00	
4. Independent Expenditure	0.00	0.00	
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00	
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
(use sofiedule i )			
6. Loan Repayments Made	0.00	0.00	
Ī			
7. Loans Made	0.00	0.00	
(a) Individuals/Persons Other	0.00	0.00	
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Dishers and	0.00	0.00	
9. Other Disbursements	0.00	0.00	
0. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(ii) III animi Chara	0.00	0.00	
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))			
11. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23500.00	23500.00	
20, 24, 20, 20, 21, 20(a), 23 and 30(b))	2555.55	25556.00	
32. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	23500.00	23500.00	
·			

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	18840.00	18840.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18840.00	18840.00
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for co	ommercial purposes, other than using the one of COMMITTEE (In Full)	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
) TE	(AS SPINE AND JOINT HOSPITAL	. PAC		
	Name (Last, First, Middle Initial) DTHY BECK			Date of Receipt
Maili	ng Address 9132 CHEROKEE TRA	IIL.		0 2 2 8 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.4451
	LEH  ID number of contributing ral political committee.	C	75703	Amount of Each Receipt this Period  100.00
Nam SEL	e of Employer F EMPLOYED	Occupatio PHYSICI		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Name (Last, First, Middle Initial) OTHY BECK			Date of Receipt
	ng Address 9132 CHEROKEE TRA	0 3 3 1 2 0 1 1		
City TYL	.ER	State TX	Zip Code 75703	Transaction ID: SA11AI.4452  Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		100.00
Nam SEL	e of Employer F EMPLOYED	Occupatio PHYSICI		
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 400.00	]
	Name (Last, First, Middle Initial) Y CALLENDER			Date of Receipt
	ng Address 3413 GOLDEN ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TYL	.ER	State TX	Zip Code 75701	Transaction ID: SA11AI.4459  Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		134.00
Nam SEL	e of Employer F EMPLOYED	Occupatio PHYSICI		
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	
SUBTO	DTAL of Receipts This Page (optional)			334.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 37 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPIT	the name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) TROY CALLENDER			Date of Receipt
Mailing Address 3413 GOLDEN ROA		7in Code	02 28 2011
City TYLER	State TX	Zip Code 75701	Transaction ID: SA11AI.4460  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73701	67.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 301.00	
Full Name (Last, First, Middle Initial) TROY CALLENDER Mailing Address 3413 GOLDEN ROA	AD		Date of Receipt
City	State	Zip Code	0 3 3 1 2 0 1 1 Transaction ID: SA11AI.4461
TYLER	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		67.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 368.00	]
Full Name (Last, First, Middle Initial) AARON CALODNEY	<b> </b>		Date of Receipt
Mailing Address 17909 CR 132			01 / 01 / 2011
City <u>F</u> LINT	State TX	Zip Code 75762	Transaction ID: SA11AI.4383  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		386.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 386.00	
SUBTOTAL of Receipts This Page (optional)	)		520.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 8/37 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPI	d Statements may not be sold or used by any perso the name and address of any political committee to TAL PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  AARON CALODNEY  Mailing Address 17909 CR 132  City FLINT  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED	State Zip Code TX 75762  C Occupation PHYSICIAN	Date of Receipt  M M / D D / Y Y Y Y Y  O 1  Transaction ID: SA11AI.4489  Amount of Each Receipt this Period  290.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 676.00	
Full Name (Last, First, Middle Initial)  AARON CALODNEY  Mailing Address 17909 CR 132  City  FLINT  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:	State Zip Code TX 75762  C  Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt    M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) AARON CALODNEY	869.00	Date of Receipt
City FLINT FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:	State Zip Code TX 75762  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.4385  Amount of Each Receipt this Period  193.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	1062.00	676.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/37 (check only one)    X	
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	ing the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) JOHN CAMP			Date of Receipt	
Mailing Address 606 CUMBERLA	ND ROAD State	7in Codo	0 1	
City TYLER	TX	Zip Code 75703	Transaction ID: SA11AI.4513  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		209.00	
Name of Employer SELF EMPLOYED	Occupation PHYSICI			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 209.00		
Full Name (Last, First, Middle Initial) JOHN CAMP			Date of Receipt	
Mailing Address 606 CUMBERLAND ROAD			01 31 2011	
City	State	Zip Code	Transaction ID: SA11AI.4444	
TYLER				
FEC ID number of contributing federal political committee.		279.00		
Name of Employer SELF EMPLOYED	Occupation PHYSICI			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 488.00	1	
Full Name (Last, First, Middle Initial)			Date of Receipt	
JOHN CAMP Mailing Address 606 CUMBERLAND ROAD			M M / D D / Y Y Y Y Y Y Y O 2 28 2011	
City	State	Zip Code	Transaction ID: SA11AI.4445	
TYLER	TX	75703	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Occupation PHYSICIAN			139.00	
		AN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 627.00		
SUBTOTAL of Receipts This Page (optic	an all		627.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 37 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITALISM AND TOTALISM AND TOTA	the name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN CAMP		Date of Receipt
Mailing Address 606 CUMBERLAND	ROAD	03 / 31 / 2011
City	State Zip Code	Transaction ID: SA11AI.4446
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	139.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 766.00	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD Mailing Address - 2005 CANDERDA 6	NOUDT	Date of Receipt
Mailing Address 2066 CANBERRA C	COURT	01 01 2011
City	State Zip Code	Transaction ID: SA11AI.4491
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	293.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 293.00	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA C	COURT	01 31 7 2011
City	State Zip Code	Transaction ID: SA11AI.4386
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	391.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	
SUBTOTAL of Receipts This Page (optional	)	823.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee t	con for the purpose of soliciting contributions o solicit contributions from such committee.
TEXAS SPINE AND JOINT HOSPIT	AL PAC	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA Co		02 28 2011
City TYLER	State Zip Code TX 75701	Transaction ID: SA11AI.4387  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	196.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD Mailing Address - POCC CANDEDDA C	OLIDI	Date of Receipt
Mailing Address 2066 CANBERRA Co		03 / 03 / 2011
City TYLER	State Zip Code TX 75701	Transaction ID: SA11AI.4388  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	196.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.00	
Full Name (Last, First, Middle Initial) GUY DANIELSON		Date of Receipt
Mailing Address 16950 FM 2661		0 2 2 8 2 0 1 1
City FLINT	State Zip Code TX 75762	Transaction ID: SA11AI.4390  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  249.00	
		475.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one)    X
(	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) GUY DANIELSON	PAG		Date of Receipt
	Mailing Address 16950 FM 2661	Ctata	7:- 0-1-	03 / 31 / 2011
	City FLINT	State TX	Zip Code	Transaction ID: SA11AI.4391
	FEINT FEC ID number of contributing federal political committee.	C	75762	Amount of Each Receipt this Period  83.00
	Name of Employer SELF EMPLOYED  Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
_ В.	Full Name (Last, First, Middle Initial) ROBERT DENNIS Mailing Address 1008 WILDER WOOD			Date of Receipt
				01 01 2011
	City	State	Zip Code	Transaction ID: SA11Al.4493
	TYLER	TX	75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		269.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICI		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 269.00	
_ С.	Full Name (Last, First, Middle Initial) ROBERT DENNIS			Date of Receipt
	Mailing Address 1008 WILDER WOOD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>TYLER</u>	State TX	Zip Code 75703	Transaction ID: SA11AI.4392  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		358.00
	Name of Employer SELF EMPLOYED	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 627.00	
	SUBTOTAL of Receipts This Page (optional)			710.00

 $\triangleright$ 

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 37 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSP	and Statements may not be sold or used by any person g the name and address of any political committee to sure that PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WC	OOD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4393
TYLER  FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period  179.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 806.00	
Full Name (Last, First, Middle Initial) ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WC	OOD	03 31 2011
City TYLER	State Zip Code TX 75703	Transaction ID: SA11AI.4394
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  179.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 985.00	
Full Name (Last, First, Middle Initial) PAUL DETWEILER		Date of Receipt
Mailing Address 3635 CANYON CF	REEK CIRCLE	01 01 2011
City TYLER	State Zip Code TX 75707	Transaction ID: SA11AI.4494  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	221.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  221.00	
SUBTOTAL of Receipts This Page (option	al)	579.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St	ratomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one)    X
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITAL	name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) PAUL DETWEILER Mailing Address 3635 CANYON CREEK	CORCLE		Date of Receipt  0 1 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4395
	TYLER	TX	75707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		294.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICI		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 515.00	
В.	Full Name (Last, First, Middle Initial) PAUL DETWEILER			Date of Receipt
	Mailing Address 3635 CANYON CREEK	CIRCLE		02 28 2011
	City TYLER	State	Zip Code	Transaction ID: SA11AI.4396
	FEC ID number of contributing federal political committee.	C	75707	Amount of Each Receipt this Period  147.00
	Name of Employer SELF EMPLOYED	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 662.00	
с. С.	Full Name (Last, First, Middle Initial) PAUL DETWEILER			Date of Receipt
	Mailing Address 3635 CANYON CREEK	CIRCLE		03 31 2011
	City TYLER	State TX	Zip Code 75707	Transaction ID: SA11AI.4397  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		147.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICI		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 809.00	
	SUBTOTAL of Receipts This Page (optional)		·····	588.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 37 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPITAL	name and ad	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) KIM FOREMAN			Date of Receipt
Mailing Address 107 BELMEAD LANE			0 1 3 1 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.4447
TYLER	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		127.00
Name of Employer SELF EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 222.00	]
Full Name (Last, First, Middle Initial) KIM FOREMAN			Date of Receipt
Mailing Address 107 BELMEAD LANE			02 28 7 2011
City	State	Zip Code	Transaction ID: SA11AI.4448
TYLER	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.00
Name of Employer SELF EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
Full Name (Last, First, Middle Initial) KIM FOREMAN			Date of Receipt
Mailing Address 107 BELMEAD LANE			03 / 31 / 2011
City	State	Zip Code	Transaction ID: SA11AI.4449
TYLER	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		63.00
Name of Employer SELF EMPLOYED	Occupatio PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 348.00	
SUBTOTAL of Receipts This Page (optional)			253.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPI	the name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HOWARD GARB Mailing Address 3414 GOLDEN RO	AD		Date of Receipt
City TYLER	State TX	Zip Code 75701	Transaction ID: SA11AI.4462  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		121.00
Name of Employer SELF EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIA Aggregate		
Full Name (Last, First, Middle Initial) HOWARD GARB Mailing Address 3414 GOLDEN RO	AD		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4463
TYLER FEC ID number of contributing federal political committee.	C	75701	Amount of Each Receipt this Period 61.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIA	AN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 273.00	]
Full Name (Last, First, Middle Initial) HOWARD GARB	<b>I</b>		Date of Receipt
Mailing Address 3414 GOLDEN RO	AD		03 31 2011
City	State	Zip Code	Transaction ID: SA11AI.4464
TYLER  FEC ID number of contributing federal political committee.	C	75701	Amount of Each Receipt this Period 61.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIA		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 334.00	
SUBTOTAL of Receipts This Page (optional	J.		243.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 37 (check only one)  X 11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPI	nd Statements may not be sold or used by any person the name and address of any political committee to TAL PAC	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY GOODFRIED Mailing Address 19140 FALLS CREI	EK	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4495
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	282.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	
Full Name (Last, First, Middle Initial)  B. GARY GOODFRIED		Date of Receipt
Mailing Address 19140 FALLS CREI	EK	01 31 2011
City FLINT	State Zip Code TX 75762	Transaction ID: SA11AI.4398
FEC ID number of contributing federal political committee.	TX 75762	Amount of Each Receipt this Period  377.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 659.00	
Full Name (Last, First, Middle Initial) C. GARY GOODFRIED		Date of Receipt
Mailing Address 19140 FALLS CREI	EK	02 28 2011
City FLINT	State Zip Code TX 75762	Transaction ID: SA11AI.4399  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	188.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 847.00	
SUBTOTAL of Receipts This Page (optional	J)	847.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 37 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TEXAS SPINE AND JOINT HOSPIT	AL PAC	
Full Name (Last, First, Middle Initial) GARY GOODFRIED		Date of Receipt
Mailing Address 19140 FALLS CREE  City	:K State Zip Code	03 31 2011
FLINT	TX 75762	Transaction ID: SA11AI.4400  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	188.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	
Full Name (Last, First, Middle Initial) CHARLES GORDON		Date of Receipt
Mailing Address 7302 HOLLYTREE [	DRIVE	01 01 2011
City	State Zip Code	Transaction ID: SA11AI.4496
TYLER  FEC ID number of contributing federal political committee.	TN 75703	Amount of Each Receipt this Period 300.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) CHARLES GORDON		Date of Receipt
Mailing Address 7302 HOLLYTREE [	DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TYLER	State Zip Code TN 75703	Transaction ID: SA11AI.4401
FEC ID number of contributing federal political committee.	C 75705	Amount of Each Receipt this Period 400.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	888.00
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 37 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPIT		not be sold or used by any perso dress of any political committee to	
Full Name (Last, First, Middle Initial)	AL PAC		
CHARLES GORDON  Mailing Address 7302 HOLLYTREE [	DRIVE		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.4402
TYLER	TN	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) CHARLES GORDON Mailing Address 7302 HOLLYTREE D	DRIVE		Date of Receipt
O:h.	Ctata	7in Onda	03 31 2011
City TYLER	State TN	Zip Code 75703	Transaction ID: SA11AI.4403
FEC ID number of contributing federal political committee.	C	73703	Amount of Each Receipt this Period 200.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) THOMAS GRAHAM			Date of Receipt
Mailing Address 533 WILDER WAY			01 01 2011
City	State	Zip Code	Transaction ID: SA11AI.4497
TYLER	TN	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		290.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI	AN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	]
SUBTOTAL of Receipts This Page (optional)			690.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 20 / 37 (check only one)
TI LIVIIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPITAL	L PAC		
Full Name (Last, First, Middle Initial) THOMAS GRAHAM			Date of Receipt
Mailing Address 533 WILDER WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4404
TYLER	TN	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		386.00
Name of Employer SELF EMPLOYED			
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		676.00	
Full Name (Last, First, Middle Initial) THOMAS GRAHAM	l		Date of Receipt
Mailing Address 533 WILDER WAY			02 28 2011
•		•	Transaction ID: SA11AI.4406
	IIN	/5/03	Amount of Each Receipt this Period
federal political committee.	C		193.00
Name of Employer SELF EMPLOYED			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 869.00	
Full Name (Last, First, Middle Initial) THOMAS GRAHAM			Date of Receipt
Mailing Address 533 WILDER WAY			03 31 2011
City TYLER	State TN	Zip Code 75703	Transaction ID: SA11AI.4407  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		193.00
Name of Employer SELF EMPLOYED			7
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 1062.00	1
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITAL  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City TYLER  FULL Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Name of Employer SELF EMPLOYED  Receipt For:	Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITAL PAC  Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY  City State TYLER TN  FEC ID number of contributing federal political committee.  Name of Employer Self EMPLOYED  Receipt For: Qeneral Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY  City State TYLER TN  FEC ID number of contributing federal political committee.  C C  Receipt For: Qeneral Other (specify) ▼  Full Name of Employer Self EMPLOYED  Receipt For: Qeneral Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY  City State TYLER TN  FEC ID number of contributing federal political committee.  Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY  City State TYLER  Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY  City State TYLER  FEC ID number of contributing federal political committee.  C C  Name of Employer SELF EMPLOYED  Receipt For: Occupation SELF EMPLOYED	Any information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITAL PAC  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City State Zip Code TYLER TN 75703  FEC ID number of contributing federal political committee.  Name of Employer Self EMPLOYED Physician  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City State Zip Code TYLER TN 75703  FEC ID number of contributing federal political committee.  City State Zip Code TYLER TN 75703  FEC ID number of contributing federal political committee.  City State Zip Code TYLER TN 75703  FEC ID number of contributing federal political committee.  Name of Employer Self EMPLOYED PhySICIAN  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City State Zip Code TYSICIAN  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) THOMAS GRAHAM  Mailing Address 533 WILDER WAY  City State Zip Code TN 75703  FEC ID number of contributing federal political committee.  C C Cocupation PHYSICIAN  Receipt For: Aggregate Year-to-Date ▼  PHYSICIAN  Receipt For: Aggregate Year-to-Date ▼  PHYSICIAN  Aggregate Year-to-Date ▼  C C Cocupation PHYSICIAN  Receipt For: Aggregate Year-to-Date ▼  PHYSICIAN  Receipt For: Aggregate Year-to-Date ▼

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 37 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPITAL	_ PAC		
Full Name (Last, First, Middle Initial) DUANE GRIFFITH			Date of Receipt
Mailing Address 7113 TURNBERRY CII	RCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4469
TYLER	<u>TX</u>	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		56.00
Name of Employer SELF EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 254.00	
Full Name (Last, First, Middle Initial) DUANE GRIFFITH			Date of Receipt
Mailing Address 7113 TURNBERRY CII	RCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4470
TYLER	TX	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		56.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial) MARK HACKBARTH			Date of Receipt
Mailing Address 3630 CANYON CREEK	K CIRCLE		0 1 3 1 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.4408
TYLER	TX	75707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		171.00
Name of Employer SELF EMPLOYED	Occupatio PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 299.00	
SUBTOTAL of Receipts This Page (optional)		<b>_</b>	283.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/37 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
TEXAS SPINE AND JOINT HOSP Full Name (Last, First, Middle Initial)	ITAL PAC		
MARK HACKBARTH  Mailing Address 3630 CANYON CR	EEK CIRCLE		Date of Receipt    M M
City	State	Zip Code	Transaction ID: SA11AI.4409
TYLER	TX	75707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		86.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial)  MARK HACKBARTH  Mailing Address 3630 CANYON CR	EEK CIRCLE		Date of Receipt
City	State	Zip Code	0 3 3 1 2 0 1 1 Transaction ID: SA11AI.4410
TYLER	TX	75707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		86.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 471.00	
Full Name (Last, First, Middle Initial) JAMES HARRIS	I		Date of Receipt
Mailing Address 9243 CHISHOLM 7	ΓRAIL		02 28 2011
City	State	Zip Code	Transaction ID: SA11AI.4412
TYLER FEC ID number of contributing	TX	75703	Amount of Each Receipt this Period
federal political committee.	C		100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		272.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 37 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
TEXAS SPINE AND JOINT HOSPITAL	. PAC		
Full Name (Last, First, Middle Initial) JAMES HARRIS			Date of Receipt
Mailing Address 9243 CHISHOLM TRAI	L		03 31 2011
City	State	Zip Code	Transaction ID: SA11AI.4413
TYLER	TX	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SELF EMPLOYED	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) STEUART HEATON			Date of Receipt
Mailing Address 3413 GOLDEN ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4457
TYLERT	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SELF EMPLOYED	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) STEUART HEATON			Date of Receipt
Mailing Address 3413 GOLDEN ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4458
TYLERT	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SELF EMPLOYED	Occupation PHYSIC		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)			266.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPIT.		a coc or any pointed committee to	
Full Name (Last, First, Middle Initial) JEFF HUNTER			Date of Receipt
Mailing Address 3415 GOLDEN ROA	D		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.4466
TYLER	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer SELF EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) JEFF HUNTER			Date of Receipt
Mailing Address 3415 GOLDEN ROA	D		03 / 31 / 2011
City TYLER	State TX	Zip Code 75701	Transaction ID: SA11AI.4467
FEC ID number of contributing federal political committee.	C	73/01	Amount of Each Receipt this Period  50.00
Name of Employer SELF EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	]
Full Name (Last, First, Middle Initial) MATT JONES			Date of Receipt
Mailing Address 3414 GOLDEN ROA	D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4454
TYLER	TX	75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer SELF EMPLOYED	Occupatio PHYSICI		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify) ▼		249.00	
SUBTOTAL of Receipts This Page (optional)			183.00

Ful Join	C ID number of contributing leral political committee.  me of Employer ELF EMPLOYED  ceipt For: Primary General Other (specify)  Il Name (Last, First, Middle Initial) N LEDLIE		ode 1	Date of Receipt  Date of Each Receipt this Period  Date of Receipt  Date of Each Receipt this Period
Full Man SE Full JO	Il Name (Last, First, Middle Initial) ATT JONES  illing Address 3414 GOLDEN ROAD  y //LER  C ID number of contributing deral political committee.  me of Employer ELF EMPLOYED  ceipt For: Primary General Other (specify)  Il Name (Last, First, Middle Initial) N LEDLIE	State Zip C TX 7570  C Occupation PHYSICIAN	1 ate ▼	Transaction ID: SA11AI.4455  Amount of Each Receipt this Period  83.00
MA Ma City FE fed Rec	ATT JONES  illing Address 3414 GOLDEN ROAD  y  //LER  C ID number of contributing leral political committee.  me of Employer LF EMPLOYED  ceipt For: Primary General Other (specify)  Il Name (Last, First, Middle Initial) N LEDLIE	TX 7570  C Occupation PHYSICIAN	1 ate ▼	Transaction ID: SA11AI.4455  Amount of Each Receipt this Period  83.00
City TY FE fed Na SE Re	y //LER C ID number of contributing leral political committee.  me of Employer LF EMPLOYED  ceipt For: Primary General Other (specify) ▼	TX 7570  C Occupation PHYSICIAN	1 ate ▼	Transaction ID: SA11AI.4455  Amount of Each Receipt this Period  83.00
TY FE fed Na SE Re-	C ID number of contributing leral political committee.  me of Employer ELF EMPLOYED  ceipt For: Primary General Other (specify)  Il Name (Last, First, Middle Initial) N LEDLIE	TX 7570  C Occupation PHYSICIAN	1 ate ▼	Amount of Each Receipt this Period  83.00
FE fed Na SE	C ID number of contributing deral political committee.  me of Employer :LF EMPLOYED  ceipt For: Primary General Other (specify)   Il Name (Last, First, Middle Initial) N LEDLIE	Occupation PHYSICIAN	ate ▼	83.00
Ful JO	ceipt For: Primary General Other (specify) ▼  Il Name (Last, First, Middle Initial) N LEDLIE	PHYSICIAN	1 1 1 1	Date of Beceint
Ful JO	Primary General Other (specify) ▼  Il Name (Last, First, Middle Initial) N LEDLIE	Aggregate Year-to-D	1 1 1 1	Date of Receipt
JO	N LEDLIË			Date of Receipt
	iling Address 6166 QUAIL CREEK			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	y /LER	State Zip C		Transaction ID: SA11AI.4414  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C	0 0	167.00
Na SE	me of Employer LF EMPLOYED	Occupation PHYSICIAN		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 334.00	
	II Name (Last, First, Middle Initial) N LEDLIE			Date of Receipt
Ма	iling Address 6166 QUAIL CREEK			02 28 2011
City	y /LER	State Zip C		Transaction ID: SA11AI.4415  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		167.00
Na SE	me of Employer LF EMPLOYED	Occupation PHYSICIAN		
Re	ceipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 501.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 26 / 37 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be	sold or used by any pers	n for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPI		an, pomou commuto d	
Full Name (Last, First, Middle Initial) JON LEDLIE			Date of Receipt
Mailing Address 6166 QUAIL CREE	K		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zi	p Code	Transaction ID: SA11AI.4416
TYLER	TX 75	5703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		167.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		668.00	
Full Name (Last, First, Middle Initial) JAMES MICHAELS			Date of Receipt
Mailing Address 2013 HOLLY CREE	K DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		p Code	Transaction ID: SA11AI.4502
TYLER	TX 75	5703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		291.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify)	Aggregate Year-te	p-Date ▼ 291.00	
Full Name (Last, First, Middle Initial) JAMES MICHAELS			Date of Receipt
Mailing Address 2013 HOLLY CREE	K DR.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zi	p Code	Transaction ID: SA11Al.4417
TYLER	TX 75	5703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		388.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		679.00	
	1		846.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 37 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSE	and Statements may not be sold or used by any persong the name and address of any political committee to PITAL PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES MICHAELS Mailing Address 2013 HOLLY CRE	EEK DR.	Date of Receipt  0 2 2 8 2 0 1 1
City TYLER	State Zip Code TX 75703	Transaction ID: SA11AI.4418  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	194.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 873.00	]
Full Name (Last, First, Middle Initial) JAMES MICHAELS Mailing Address 2013 HOLLY CRE	EEK DR.	Date of Receipt  0 3 3 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11Al.4419
TYLER  FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period 194.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1067.00	
Full Name (Last, First, Middle Initial) JOHN PRIDDY		Date of Receipt
Mailing Address 17950 TIMOTHY		01 31 2011
City <u>TYLER</u>	State Zip Code TX 75703	Transaction ID: SA11AI.4441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	184.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	
	nal)	572.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 37 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used by any pers	13 14 15 16 on for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPIT	he name and address of any political committee to AL PAC	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN PRIDDY		Date of Receipt
Mailing Address 17950 TIMOTHY CT	:	0 2 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4442
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	414.00	
Full Name (Last, First, Middle Initial) JOHN PRIDDY		Date of Receipt
Mailing Address 17950 TIMOTHY CT		03 31 2011
City	State Zip Code	Transaction ID: SA11AI.4443
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 506.00	
Full Name (Last, First, Middle Initial) TODD RAABE		Date of Receipt
Mailing Address 16987 FM 756		0 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4503
WHITEHOUSE	TX 75791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	373.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	373.00	
		557.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 37 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other that  NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to	n for the purpose of soliciting contributions
TEXAS SPINE AND JOINT H		T
Full Name (Last, First, Middle Initia	<u> </u>	Date of Receipt
Mailing Address 16987 FM 75	6	01 31 2011
City	State Zip Code TX 75791	Transaction ID: SA11AI.4420
WHITEHOUSE  FEC ID number of contributing federal political committee.	TX 75791	Amount of Each Receipt this Period 498.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 871.00	
Full Name (Last, First, Middle Initial TODD RAABE	al)	Date of Receipt
Mailing Address 16987 FM 75	6	0 2 D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WHITEHOUSE	State Zip Code TX 75791	Transaction ID: SA11AI.4421  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	249.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	
Full Name (Last, First, Middle Initia	al)	Date of Receipt
Mailing Address 16987 FM 75	6	03 31 2011
City WHITEHOUSE	State Zip Code TX 75791	Transaction ID: SA11AI.4422  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	249.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1369.00	
SUBTOTAL of Receipts This Page (	(optional)	996.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 37 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
TEXAS SPINE AND JOINT HOSPIT	AL PAC	
Full Name (Last, First, Middle Initial) MARK RENFRO		Date of Receipt
Mailing Address 2737 OLD BULLARI	O ROAD State Zip Code	01 01 2011
City TYLER	TX 75701	Transaction ID: SA11AI.4504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	232.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  232.00	
Full Name (Last, First, Middle Initial) MARK RENFRO	I	Date of Receipt
Mailing Address 2737 OLD BULLARI	D ROAD	01 31 2011
City	State Zip Code	Transaction ID: SA11AI.4423
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	310.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 542.00	
Full Name (Last, First, Middle Initial) MARK RENFRO	1	Date of Receipt
Mailing Address 2737 OLD BULLARI	D ROAD	0 2 2 8 2 0 1 1
City TYLER	State Zip Code TX 75701	Transaction ID: SA11AI.4424  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	155.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 697.00	
SUBTOTAL of Receipts This Page (optional	•	697.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 37 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSE	and Statements may not be sold or used by any persor of the name and address of any political committee to see PITAL PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK RENFRO		Date of Receipt
Mailing Address 2737 OLD BULLA	RD ROAD	03 31 2011
City	State Zip Code	Transaction ID: SA11AI.4425
TYLER FEC ID number of contributing federal political committee.	TX 75701	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 852.00	
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL		Date of Receipt
Mailing Address 5930 BRIXWORT	Н	M M / D D / Y Y Y Y O 1 0 1 2 0 1 1
City TYLER	State Zip Code TX 75703	Transaction ID: SA11AI.4505  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL	I	Date of Receipt
Mailing Address 5930 BRIXWORT	Н	0 1 3 1 2 0 1 1
City TYLER	State Zip Code TX 75703	Transaction ID: SA11AI.4426  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	373.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 653.00	
SUBTOTAL of Receipts This Page (option	nal)	808.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 37 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITA	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL  Mailing Address 5930 BRIXWORTH  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code TX 75703  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) MICHAEL RUSSELL  Mailing Address 5930 BRIXWORTH  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State Zip Code TX 75703  C  Occupation PHYSICIAN  Aggregate Year-to-Date   1027.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER  Mailing Address 6407 HOLLYTREE CI  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	RCLE  State Zip Code TN 75703  C  Occupation PHYSICIAN  Aggregate Year-to-Date  249.00	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional) .		457.00

ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TEXAS SPINE AND JOINT HOSP  Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER	ITAL PAC		Date of Receipt
Mailing Address 6407 HOLLYTREE			03 / 31 / 2011
City TYLER	State TN	Zip Code	Transaction ID: SA11AI.4434
FEC ID number of contributing federal political committee.	C	75703	Amount of Each Receipt this Period  83.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIA	N	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) JERRY SCHWARZBACH Mailing Address 8304 COLUMBIA [	DDIVE		Date of Receipt
Mailing Address 8304 COLUMBIA L	DRIVE		02 28 2011
City	State	Zip Code	Transaction ID: SA11AI.4436
TYLER  FEC ID number of contributing federal political committee.	C	75703	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation PHYSICIA	.N	
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) JERRY SCHWARZBACH	I		Date of Receipt
Mailing Address 8304 COLUMBIA [	DRIVE		03 31 2011
City	State	Zip Code	Transaction ID: SA11AI.4437
TYLER	TX	75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIA	.N	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		283.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 37 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITA		not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI Mailing Address 16690 DRIFTWOOD  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State TX  C  Occupation PHYSICI Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 3 1 2 0 1 1  Transaction ID: SA11AI.4438  Amount of Each Receipt this Period  167.00
Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI Mailing Address 16690 DRIFTWOOD  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General	State TX  C  Occupation PHYSICI Aggregate		Date of Receipt    M M
Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI Mailing Address 16690 DRIFTWOOD  City TYLER  FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For: Primary General Other (specify)	State TX C Occupation PHYSICI Aggregate	Zip Code 75707	Date of Receipt  M M M / D D / Y Y Y Y Y  0 3 1 2 0 1 1  Transaction ID: SA11AI.4440  Amount of Each Receipt this Period  167.00
SUBTOTAL of Receipts This Page (optional)			501.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	R LINE	NUMB	ER:				PA	GE	35 / 3	37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<u>`</u>	21b [ 27	22 28a	X	23 28l	<u> </u>		24 28c		25 29	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												3
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPITAL PA		 							3011 0			
Full Name (Last, First, Middle Initial) JEB HENSARLING				<b>Tran</b> Date		-				447	4	
Mailing Address				o <sup>M</sup> 2	М	/	0	<sup>D</sup> 7	/ Y	ž	0 1 1	I
City	State Zip Code			Amo	unt (	of Ea	ch	Disb	urse	ment	this F	Period
Purpose of Disbursement DALLAS EVENT		•								250	00.00	)
Candidate Name		itego Type										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	. , , ,	,									
State: District:												
Full Name (Last, First, Middle Initial) WALLY HERGER				<b>Tran</b> Date		isbu	rse	men	_			
Mailing Address PO BOX 1007				0 <sup>M</sup> 2	M	/	1	<b>4</b>	/ Y	ž	0 1 1	I
City WILLOWS	State Zip Code CA 95988			Amo	unt (	of Ea	ch	Disb	urse	ment	this F	Period
Purpose of Disbursement DONATION		•		L			_			250	00.00	)
Candidate Name		atego Type										
Senate President	ment For: Primary General Other (specify)											
State: CA District: 02  Full Name (Last, First, Middle Initial)  SAMUEL ROBERT JOHNSON				<b>Tran</b> Date						447	8	
Mailing Address				o <sup>M</sup> 2	M	/	1	<sup>D</sup> 4	/ Y	ž	0 1 1	l Y
City PLANO	State Zip Code TX			Amo	unt (	of Ea	ch	Disb	urse	ment	this F	Period
Purpose of Disbursement DONATION		•	·				_			,50	00.00	)
Candidate Name		itego Type	-									
Senate President	ment For: Primary General Other (specify)											
State: TX District: 03							_		-		vo. 6.5	
SUBTOTAL of Disbursements This Page (optional)		 		L			_			550	0.00	)

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITAL PAC  Full Name (Last, First, Middle Initial)  MCCONNELL SENATE COMMITTEE '14  Mailing Address PO BOX 1496  Transaction ID: SB23.4486  Date of Disbursement  M M M D D D D D D D D D D D D D D D D		Use separate schedule	(S) (check onl	E NUMBER: PAGE 36/37
NAME OF COMMITTEE (In Full)  TEXAS SPINE AND JOINT HOSPITAL PAC  Full Name (Last, First, Middle Initial)  MCCONNELL SENATE COMMITTEE '14  Mailing Address PO BOX 1496  City State Zip Code KY 40201  Purpose of Disbursement DONATION  Candidate Name  Office Sought: House President DoNATION  Condidate Name  Office Sought: House Primary General Disbursement For: Category/ Type  Office Sought: House Disbursement DoNATION  Condidate Name  Office Sought: House Primary General Disbursement For: Category/ Type  Office Sought: House President DoNATION  Candidate Name  Office Sought: House Disbursement For: Category/ Type  Office Sought: House President		Detailed Summary Pag	e 21b 27	22 X 23 24 25 28a 28b 28c 29
Full Name (Last, First, Middle Initial) McCONNELL SENATE COMMITTEE '14  Mailing Address PO BOX 1496  City State Zip Code KY 40201  Purpose of Disbursement DONATION Candidate Name  Office Sought: House President State: Disbursement DONATION Cardidate Name  Disbursement For: Amount of Each Disbursement Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE  Mailing Address 425 SECOND STREET NE  City WASHINGTON DC 20002  Purpose of Disbursement DONATION Candidate Name  Office Sought: House Disbursement For: Amount of Each Disbursement this Perior Date of Disbursement DoNATION Candidate Name  Office Sought: House Disbursement For: Amount of Each Disbursement this Perior Date of Disbursement DoNATION Candidate Name  Office Sought: House Disbursement For: Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) PhysicICAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT-EE  WASHINGTON DC 20024  Purpose of Disbursement DoNATION City Mailing Address PO BOX 70980  City MashinGTON DC 20024  Purpose of Disbursement DoNATION Candidate Name  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Office Sought: House Disbursement For: Primary General Other (specify) ▼  Office Sought: House Disbursement For: Primary General Other (specify) ▼	or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	ng the name and address of any politi		
McConnell Senate Committee 14  Mailing Address PO BOX 1496  City State Collection State Co	/			Towns attent ID CD00 4400
City State	,	TEE '14		Date of Disbursement
LOUISVILLE Purpose of Disbursement DONATION Candidate Name  Office Sought:    House	Mailing Address PO BOX 1496			03 22 2011
DONATION Candidate Name  Office Sought:				Amount of Each Disbursement this Perio
Office Sought:  House	DONATION			5000.00
State: KY   District: 00	Candidate Name			
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE  Mailing Address  425 SECOND STREET NE  City	χ Senate President	Primary General	al	
MATIONAL REPUBLICAN SENATORIAL COMMITTE  Mailing Address  425 SECOND STREET NE  City				Transaction ID: CD00 4476
City WASHINGTON DC 20002  Purpose of Disbursement DONATION Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT-EE Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Amount of Each Disbursement this Period Disbursement To: Senate Primary General Other (specify) ▼ 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	TORIAL COMMITTEE		Date of Disbursement
WASHINGTON  Purpose of Disbursement DONATION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT- EE  Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: SB23.4472 Date of Disbursement  O 1 M / D D / Y Y O 1 1 Y  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: House Primary General Other (specify) ▼	Mailing Address 425 SECOND S	STREET NE		0 2 0 1 1
Category/ Type  Office Sought: House Senate Primary General  Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT- EE Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Disbursement For:  Senate Primary General Disbursement For:  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼				Amount of Each Disbursement this Perio
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT-EE Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼				5000.00
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT-EE  Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Primary General Other (specify) ▼	Candidate Name			
Full Name (Last, First, Middle Initial)  PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITT-  EE  Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION  Candidate Name  Office Sought: House Senate Primary General Other (specify) Total	Senate President	Primary General		
Mailing Address PO BOX 70980  City State Zip Code WASHINGTON DC 20024  Purpose of Disbursement DONATION Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Office Specify) ▼	Full Name (Lest First Middle Initial)	ERICA POLITICAL ACTION CO	OMMITT-	Date of Disbursement
WASHINGTON  Purpose of Disbursement  DONATION  Candidate Name  Category/ Type  Office Sought: House Senate Primary General  President Other (specify) ▼				011 / 19 / 2011
DONATION  Candidate Name  Category/ Type  Office Sought:  House Senate Primary President  Disbursement For: Primary General Other (specify)  ▼				Amount of Each Disbursement this Perio
Office Sought:  Senate Primary President  Disbursement For:  General Other (specify)				5000.00
Office Sought:  Senate Primary President  Disbursement For:  General Other (specify) ▼	Candidate Name			
	Senate	Primary General		

A.

В.

District:

age# 11932049000			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Use separate so for each categor Detailed Summar		FOR LINE I (check only	
	Detailed Guillinary Fage	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or used be and address of any political co	y any person fo ommittee to soli	or the purpose of soliciting contributions cit contributions from such committee
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPITAL PA	AC .		
Full Name (Last, First, Middle Initial) THOMAS EDMUNDS PRICE  Mailing Address P.O. BOX 425			Transaction ID: SB23.4484 Date of Disbursement  O 2 D D D D D D D D D D D D D D D D D D
City ROSWELL	State Zip Code GA 30077		Amount of Each Disbursement this Period
Purpose of Disbursement DONATION Candidate Name	[	Category/	2000.00
Office Sought:  X House Senate President State: GA District: 06	ement For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION (  Mailing Address P. O. BOX 11586	COMMITTEE		Transaction ID: SB23.4480 Date of Disbursement
City WASHINGTON	State Zip Code DC 20008		Amount of Each Disbursement this Period
Purpose of Disbursement DONATION Candidate Name		Catagony	1000.00
	ement For:	Category/ Type	
Senate President	Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3000.00
TOTAL This Period (last page this line number only)	•	23500.00

State: